CHAPTER

12 Working together to change behaviour

'I've been thinking about what you said — about being alone and at the same time surrounded by people'.
'I know, that's a big thing for me'.
'I was wondering — do these people know how you feel about what's happening for you? Who have you told? Who have you *really* told?'
'Not any of them, not really. I see what you're getting at — how can they help if they don't know what I need. It's what you keep saying to me: 'asking for what I want . . . taking care of myself . . . not being the strong man all the time'. All that stuff.'
'Exactly. Would it be useful to take a few minutes to look at how you could start to tell them? For example, what's stopping you, and what could you do differently?'

Introduction

It has been emphasized throughout this book that a counselling relationship is based on listening, following, being receptive, and giving the person a space in which they can begin to develop their own solutions to problems. It is essential to remember when in the role of counselling that 'just talking' can make a real difference to a person. Often the primary counselling task that a person is seeking help to fulfil is simply that of *talking*, of putting feelings, concerns and hopes into words. However, there are other occasions within a counselling relationship when the person may have a very specific idea of what they want to work on, or work out, in terms of a habit or pattern of behaviour that is troubling to them. This chapter focuses on the counselling goal of *behaviour change*. The topic of behaviour change includes a wide range of issues that people may present in counselling, encompassing quite specific, self-contained habits such as 'keeping my paperwork up to date', through more far-reaching behavioural patterns such as weight loss or smoking cessation, changes in interpersonal relating ('how do I

stop getting into arguments with my co-workers?'), and changes that embrace many aspects of a person's life ('how do I live now that my spouse has died?'). We live in a society in which the pace of change appears to be ever increasing. Indeed, the rise of psychology as a discipline within the twentieth century can be viewed as a cultural response to the need of ordinary people to get a handle on the challenge of how to change and adapt in the face of new work patterns and social norms. As a result, the counselling and psychotherapy literature contains a proliferation of ideas about how to facilitate change. Some of these ideas are presented in this chapter. Emphasis is placed on the importance of breaking the change process into achievable step-by-step progress towards an ultimate goal. But first, we consider the key question: why is it so difficult to change behaviour?

Exercise 12.1: *Your personal experience of behaviour change*

Identify one occasion when you attempted to change your own behaviour in some way. What strategies did you use? What worked and what did not work for you? What have you learned from this experience that you can use in your work with clients?

Why behaviour change is hard to achieve

One of the major differences between counselling, understood as a skilled and intentional activity, and the type of everyday help-giving that takes place between people who are friends or family members, lies in the way that behaviour change is understood. From a common-sense perspective, if someone has a problem, then the obvious response is to suggest or advise that the person should do something different. This advice is often backed up by personal experience, of the type 'when that happened to me, what I did was . . .'. From a counselling perspective, this kind of advice can be seen as almost always being a complete waste of time. The reason why behavioural advice is usually futile is that, as anyone who works as a practitioner in a helping role can testify, it is clear that for most people changing a pattern of behaviour that has perhaps been established over several years is a very difficult thing to achieve.

From a counselling perspective, while simple advice on behaviour change may indicate that the listener cares enough to try to find a solution to the complainant's problem, and is doing their best to help, it will rarely lead to a significant or sustained shift in what the person actually does. But why is this? Why is behaviour change so hard?

There are at least three reasons why changing behaviour is difficult. First, a person's behaviour tends to develop in balance with their social environment. In other words, the significant people in an individual's life have come to expect that the person will behave in certain ways, and the subtle 'reward system' that takes place in interactions between people (in the form of approval, affirmation and avoidance of criticism) consistently maintains or reinforces established patterns of behaviour. Our behaviour is shaped to a large extent by the situation that we are in, and self-initiated change (such as one person saying to another 'I wish I could take more exercise') will normally run against the grain of situational forces, such as the cost, time and effort of joining a fitness club. The second reason why it is hard to respond effectively to a request from someone to help them with a behaviour change issue is that *if it was easy for them to change, they would have done it already*. For example, on the whole people do not feel that it is necessary to talk it through with anyone else when they want to change the kind of soap they use in their bathroom. That is because it is easy to choose another brand of soap at the supermarket, try it out, and decide whether you like it. A student asking for help to change their study skills behaviour, by contrast, is a markedly different scenario – here, the person seeking help would be motivated by a fear of failure (or actual failure), and would usually have tried out various different new approaches to setting up a study regime without success. Asking for counselling help from a professional person around a behaviour change issue is therefore normally preceded by a history of unsuccessful attempts to change – the person has already tried all the obvious solutions. A third reason why behaviour change is difficult is that the person may well have a personal investment in staying the way they are. No matter how much a person may protest that they really want to change, there will be some part of their sense of who they are that identifies with their present pattern of behaviour. Doing something radically different can be scary – it is a step into the unknown. So, no matter how much a student may want to become better organized and get good grades, if they have a sense of themself as 'someone who just passes and is one of the crowd', then attaining 'A' grades and being noticed by tutors may be quite threatening.

Box 12.1: *The limited value of making helpful suggestions as a means of enabling behaviour change*

Transactional analysis (TA) theory includes an elegant analysis of the limitations of advice-giving as a strategy for facilitating behaviour change. Berne (1964) suggested that it made sense to regard sequences of apparently self-defeating interactions between people as psychological 'games'. Within his model, a 'game' is a series of interactions between two or more people that leads to a well-defined, predictable outcome in the form of an experience of frustration or some other form of negative

emotion. Berne regarded games as a substitute for genuine relating between individuals. He believed that although people often are afraid to engage in honest and intimate interaction with others, we all nevertheless have a basic need for social contact – a game provides a structure for such contact without running the risk of too much closeness. In his book *Games People Play*, Berne identifies a large number of psychological games, ranging from all-encompassing long-term life games ('Alcoholic', 'Now I've Got You, You Son of a Bitch'), to more benign or briefer interaction sequences such as 'Ain't It Awful'. One of the games that can occur frequently in counselling situations is 'Why Don't You – Yes But' (YDYB). In this game, a person asks for help or advice, and the other players make suggestions. For example:

Person: My life is so stressful, I feel tired all the time and my social life is suffering. What can I do?
Counsellor: Why don't you keep a diary and look at how you could cut down on your work commitments?
Person: I've tried that – there's nothing I can change.
Counsellor: So what about looking for another job?
Person: I can't afford to take a drop in salary, so that's not realistic.
Counsellor: What about trying some relaxation tapes or meditation?
Person: I've tried them too – finding the time to do them just makes me more stressed.

This kind of interaction is clearly futile as a piece of counselling. But what makes this kind of suggestion-giving so hopeless? Berne (1964) argues that the apparently rational, Adult-to Adult request made by the person seeking help in fact conceals a different kind of transaction – between a needy Child and someone (the counsellor) who is unwittingly pushed into the position of all-knowing Parent. The pay-off for the person initiating the game is that the helper will always prove to be inadequate (none of their suggestions will be worth following up), which then leaves the instigator reinforced in a basic sense of being someone who cannot be helped, or who is beyond help. In other words, the game allows the person to maintain a superficial contact with another person without being called upon to explore what is really true for them – in this case a deep feeling of hopelessness and despair about their life.

It can be seen that in this case almost any kind of counselling response – empathic reflection, open and curious questioning, encouragement to say more – would be more useful than giving suggestions. It does not matter how sensible and valid the suggestions might be – because they have not arisen out of a shared process of problem-solving based on mutual understanding, they will almost certainly be met with a polite and appreciative response of 'yes . . . but . . .'.

It should be emphasized that although behaviour change is an important goal for many people who seek counselling, it is a big mistake to assume that change is necessarily what someone wants from this kind of help. As well as change, the goals of counselling include acceptance, understanding and meaning-making. Indeed, in many cases it is impossible to bring about change in the absence of these less tangible outcomes.

This chapter provides an overview of the tasks and methods that are associated with the crucial counselling goal of helping someone to change a troubling or self-defeating pattern of behaviour. The aim of the chapter is to provide tools and strategies that make it possible to move beyond just contemplating change, and arrive at the point where actually doing something different can become a reality.

Doing something different: step-by-step progress

Looking at the process of behaviour change as a kind of journey serves as a reminder that this activity necessarily consists of several steps. An essential weakness of advice-giving is that it offers the person seeking help a one-step solution. In effect, advice is saying to a person 'just do *this*, and you will be alright'. A counselling approach, by contrast, is based on an appreciation of the complexity of change. Competence as a counsellor involves recognizing that the goal of behaviour change can only be achieved through the completion of a number of sub-tasks. One implication of this perspective is that it makes it possible to see more clearly the contribution that can be made by micro-counselling conversations, where counselling is embedded in another practitioner role, and time may be short. Sometimes, a practitioner-counsellor may not be able to see a behaviour change goal through to completion, but may nevertheless be able to assist the person to fulfil one or more tasks that are necessary elements of the whole sequence. Because behaviour change is often difficult, a person may choose to tackle it by attempting one step or task at a time.

The necessity of tackling behaviour change in a step-by-step manner is illustrated in the experience of Gavin, who had suffered heart failure, and had been told that his future survival depended on his ability radically to alter his lifestyle by cutting out smoking, alcohol and fatty foods, and introducing a diet regime. In hospital, Gavin received health advice from the nurses, physiotherapist and nutritionist attached to his ward, and seemed highly motivated to put his new programme into action. However, on his first check-up visit with his GP, it became apparent that he was not keeping to the recommended diet and exercise schedule. He agreed to have brief fortnightly meetings with the practice nurse to support him in bringing about these vital health-related changes to his behaviour. The nurse asked him to keep a food and exercise diary, which they discussed at each visit. However, she also checked out the barriers to change in Gavin's life. It emerged that he saw

himself as an 'action man' who 'worked hard and played hard'. Asked what this meant in practice, he admitted that it meant working long hours at the office, and drinking on Friday and Saturday with his friends at the pub. The nurse invited Gavin to talk about how he felt about this. He spoke of being 'trapped' between two sides of himself – the side that wanted to stay healthy, and the side that thought he 'could survive anything'. The nurse also invited him how his friends would react to him if he stopped drinking and smoking. He replied: 'Well, they would give me a hard time, but in the end they would accept it – one of the others went through something similar – he gets called "the driver" now'. They then discussed how he could overcome these barriers, and the nurse made a point of asking him about these issues at every subsequent appointment. Only then were they able to move to the difficult and demanding task of changing Gavin's diet – giving up foods he liked and through trial and error replacing them with foods that were good for him, and gradually building up his exercise regime. It took him six months. At a later consultation, his GP congratulated him on his progress, and asked him what had made the difference. He replied: 'it was the nurse, I couldn't let her down'.

Just as in the case of Gavin, meaningful behaviour change is hard work – there is no magic wand that can be waved that will instantly make everything different. The counselling tasks that are described in the following sections represent a number of ways of breaking down an overall goal of behaviour change into a set of constituent sub-tasks. In effect, all of these sub-tasks can be seen as ways of slowing down the process of behaviour change, so that the person ends up with an approach to their problem that takes into account as many factors as possible, rather than consisting of the kind of headlong rush to 'do something different' that often leads to disappointment and a sense of defeat. Although the tasks described below are in a 'logical' order, starting with tasks that address barriers to change, then moving to implementing and finally maintaining change, it is not helpful to assume that for any individual person these steps are necessarily worked through in this kind of logical sequence. Some people will only want help with one or maybe two of these tasks – they will be well able to do the rest of it themselves. Other people will shuttle back and forward between tasks, as they slowly find their own way forward.

How does the problematic behaviour fit into your life as it is?

Another approach to helping a person to make sense of a pattern of behaviour that they wish to change is to invite them to suspend their opposition to the problem, and reflect instead on what the presence of the problem does for them. The underlying assumption here is that anything a person does must have some kind of function in their life. In order to pursue such a conversation, it can be helpful to employ the language of *externalization* of problems (Morgan, 2001). For instance,

to return to the case of someone who wishes to control his anger, it might be useful to ask him about when 'the anger' visits him, and how it influences his life and his relationships with others. He might reply that the effect of the anger is to 'keep my colleagues in their place'. Another way of talking about this kind of process is to invite the person to think about what the problem does for them, or what the payoffs are for them, of having had this problem over a period of time. It would be unusual for anyone consciously to develop a problematic pattern of behaviour as a means of achieving payoff or rewards, and a person seeking help would most likely reject any such suggestion on the part of their counsellor. It is therefore important to engage in this kind of conversation with sensitivity. The idea is not to interrogate the person in an accusatory fashion, but to gently open up a topic for reflection and consideration.

There are several reasons why this counselling task can represent an important step in successful behaviour change. First, it allows the person to begin to map out what they may *lose* by changing how they act in some situations. This can be a catalyst for starting to think about how these needs might be taken care of in alternative ways. Second, if the person can look closely and honestly at what their problem does for them, they may well come across some surprises – payoffs that they had not previously thought about. Such discoveries can be very helpful in promoting hope, since the person may be enthused and energized by the idea that they are now doing something different, rather than merely repeating what happened during previous attempts to change. Finally, the question 'how does the problem influence you?' prepares the ground for the reverse question: 'how do you influence the problem?' This line of conversation, which is discussed more fully below, brings into focus the active capacity of the person to do different things in certain situations, rather than being always dominated by 'the problem', and can represent a very fertile means of enabling the person to accept that they may indeed have the power within them to be able to do something different.

Imagining how things could be different

When a person is seeking help to change their behaviour, an important counselling task centres on the exploration of what it is that the person actually wants to achieve. At the moment of seeking help, the person may be so burdened by the existence in their life of a troublesome pattern of behaviour that all they can think about is – somehow – getting rid of it. Their approach to change is dominated by a sense of what they do *not* want to do – *not* eat as much, *not* be a doormat passive, *not* get angry, and so on. Any behaviour change plan based on 'not doing' is doomed to failure, because the only way that real change will happen is if the person is able to replace the unwanted behaviour with a new pattern of behaviour. The trick in the end is always to acquire, practise and master the new behaviour, rather than just suppressing the old pattern. It may be useful to think in terms of training for a sporting activity. If a person is trying to become better at playing tennis they may go through a phase of being dominated by what *not* to do – do not

hit the ball in the net, do not hit it beyond the baseline, and so on. This kind of learning strategy tends to have very limited success. Someone can only become a competent tennis player by having a positive image of what it is they want to achieve. This positive image can come from watching a top tennis player, such as Roger Federer, or, even better, through coaching that gives the person a feel for what it is like, for them, to hit a good shot. The key is that the person gains a vision of what it is they are striving for, and can assess their performance against that ultimate end point, thereby making adjustments to what they do in order to get closer to the ideal. All effective sports coaching involves this kind of cognitive rehearsal of good performance. For the majority of tennis players, there is a limit to what can be gained by using Roger Federer as a model, because he is capable of strokes that are physically impossible for ordinary human beings – a less perfect 'ideal' works better for most people.

In a counselling context, therefore, if a person has identified a personal goal of changing their behaviour in some way, it is useful to listen for an opportunity to invite the person to talk about what it is that they actually want. This task can be entered by questions such as 'how would you like it to be?' or 'what would your life be like (or what would you be doing differently) if you changed this pattern of behaviour?' The *Skilled Helper* counselling skills model developed by Gerard Egan (2004) includes a valuable analysis of the process of working with the person seeking help in order to identify their 'desired scenario'. The solution-focused approach to therapy (see O'Connell, 1998) employs the 'miracle question' for this purpose. The client is asked to imagine that a miracle has taken place overnight, and their problem has been completely eradicated. They are then invited to describe what their life is like. (Before using the miracle question, it is important to study, or, even better, receive training in how it is used by solution-focused therapists – it is a powerful method but needs to be applied at the right time and the right way, otherwise the client may become confused about what is being suggested.) Other ways of enabling the person to identify their preferred behaviour are to ask if there are any individuals who they would take as models ('who would you like to be like?') or whether there have been times in their life when they exhibited the behaviour that they are now seeking to acquire (or reacquire).

There are several ways in which holding a conversation about the detailed specification of a new or amended pattern of behaviour can be helpful. It allows the person to be clear about what they are trying to achieve, and at the same time to share this vision with their counsellor. Usually, it leads to the construction of a more detailed description of the preferred behaviour, in place of a general or global description, which outlines specific small changes that can be accomplished one at a time. It can instil hope in a person, and be motivating for a person to disclose to someone else what it is that they *really* want, and to have this desire taken seriously. Finally, this kind of conversation opens up the possibility of using imagination in a creative and positive way. Rather than imagining terrible things that may happen ('I will be stuck like this for ever'), the person can playfully imagine good outcomes and a better life.

Are you ready?

A great deal of research and clinical experience in counselling and psychotherapy has shown that the issue of *readiness to change* represents a key factor in any work around behavioural change. The exploration of the person's views around their readiness to do things differently is therefore an important counselling task. Many practitioners have found that it has been useful to employ the *stages of change* model developed by James Prochaska and Carlo DiClemente. From their experience in working in a health arena in which many patients were resistant to changing illness-promoting behaviours such as smoking and drinking, these psychologists developed the idea that there are major differences between people in relation to their readiness to change. They formulated a five-stage model of the change process to account for these differences. Their model is known as a 'transtheoretical' theory because it intentionally integrates ideas from various schools of therapy into an overarching framework. The stages of change observed by Prochaska and DiClemente (2005) are:

1. *Precontemplation*. The person has no immediate intention to make changes in relation to the behaviour that is problematic. For example, someone who is a heavy smoker may be aware that their behaviour is a health risk, but is not yet willing to face up to the possibility of quitting.
2. *Contemplation*. At this stage the person has decided to change their behaviour, but at some point in the future; for example, at some point within the next six months.
3. *Preparation*. Has taken some initial steps in the direction of behaviour change. For example, a person seeking to stop smoking may have collected information about the availability of cessation clinics, nicotine patches, and so on.
4. *Action*. The person has changed their problematic behaviour for less than six months, and is still in a position of consolidating their new patterns of behaviour, and avoiding temptation.
5. *Maintenance*. Avoiding relapse or coping with episodes of relapse over a longer period of time.

As further time elapses, and the previously problematic behaviour or habit is defeated, the person can be viewed as entering a final *termination* stage – the problem is no longer relevant to them, and they do not need to give it any attention.

The value of the stages of change model in relation to working together to do something different is that it suggests that quite different counselling tasks may be required at different stages of the change process. For example, the tasks for the person at the precontemplation phase may include consciousness-raising, involving collecting information, and validating and accepting their point of view and state of readiness (rather than establishing a critical or coercive relationship). The tasks

at the contemplation stage may include decision-making, and exploring the meaning of the person's ambivalence.

David is a retired engineer who is a volunteer member of a Circle of Support and Accountability that was set up to enable the reintegration into society of high-risk sex offenders. For more than two years, David has been a member of a small group of volunteers, drawn from all walks of life, who have met on a weekly basis with Simon, a 30 year-old man who had received two jail sentences for sexual offences with young boys. David learned about the stages of change model during the training course he attended, and has found that it helped him to make sense of what he calls the 'learning curve' that has taken place between Simon and his team of supporters: 'at the start, it was very much a matter of talking about the consequences of what he was doing, and making sure that he knew that we would be using our contacts in the neighbourhood to check that he was meeting the conditions of his probation contract. As time went on, though, what we talked about started to shift quite dramatically. There were some really emotional times when he was looking at himself really deeply. More recently, it has been mainly a matter of providing support for what he calls his "new life".'

Further information about the stages of change model, and its application in counselling can be found in Prochaska and DiClemente (2005). These authors have also published a self-help guide, *Changing for Good*, based on the principles of the model (Prochaska *et al.,* 1994). For practitioners whose counselling is embedded in other work roles, the most useful aspect of the stages of change model probably lies in the ways in which it can be applied in understanding the difference between the point at which a person is actively committed to changing their behaviour, and the prior stages where they may be vaguely aware of a need to change, but are not yet ready to commit themselves. There are many micro-counselling situations in health and social care settings in which practitioners routinely work with people who are 'precontemplative'; for example, in relation to smoking cessation, weight loss, domestic violence, and alcohol or drug abuse. Practitioners operating in these settings may find it helpful to consult the literature on *motivational interviewing* (Miller and Rollnick, 2002), which offers a set of strategies and methods intended to facilitate/motivate the individual to move beyond precontemplation and contemplation and to engage with the tasks associated with preparation for change and then action. Further information on motivational interviewing in Chapter 13.

Do you have the right kind of support?

It is very difficult to make significant behavioural changes on one's own through planning and 'will-power'. Lack of support from other people constitutes an important barrier to change, and ensuring that adequate social support is available

represents an important counselling task for many people seeking help around a behaviour change goal. The role of the counsellor in relation to this task can involve checking out with the person the amount of support that is available, and how accessible it is. It may be valuable in some instances to rehearse or run through strategies for enlisting support. Part of this task may involve discussion about the ways in which the counsellor can offer support. In some counselling situations it may be possible to meet with key supporters to explore their perceptions of how they can help. Support may come from individuals already within the person's social network, such as family, friends and work colleagues, or may encompass new people, such as members of self-help groups. Support may be dispersed over a number of people, or be concentrated on one main 'ally'. Support may be provided face to face, by telephone, or by email. If the person seeking help has difficulty in identifying potential supporters, it may be useful to invite the person seeking help to think about 'who would be least surprised to hear about your success in changing this behaviour?' There is no special counselling method that is associated with the task of ensuring support – this is a task that relies on the person and the counsellor being willing to spend some time on it, and pooling their ideas.

Implementing changes

At the point when the person begins to make actual changes in their life, it is important that everything possible has been put in place to ensure success. It is usually a good idea for a counsellor to run through some typical situations that may occur for the person as a means of refining the person's strategy for change, and also as a way of checking that the person's expectations are realistic (e.g. that it is not a 'complete disaster' if it goes wrong the first time), including their plans for accessing support (to celebrate success, or to talk through what happened if they were not successful). It can be useful for the person and the counsellor almost to enact likely scenarios, or at least talk through them as a form of rehearsal. It can also be valuable sometimes for the person to write down their plan, or a checklist. This talk can be initiated by the counsellor with a question such as 'would it be useful to go through what will happen tomorrow when you . . .?'. It is important for the counsellor to keep the focus on concrete behaviour (what the person will actually do), rather than allowing the conversation to slide into statements of motivation, will and intention ('I'm really up for it this time'; 'I know I'm ready').

Anticipating and preventing relapse

The *stages of change* model developed by Prochaska and DiClemente (2005), introduced earlier in this chapter, suggests that relapse is an almost inevitable consequence of most attempts to change behaviour – it is very difficult indeed to continue to do something different without ever slipping back into old ways. An essential counselling task, therefore, when a person is on the point of implementing

change, is to consider the issue of relapse. It is usually helpful to explain the concept, and to be candid about the likelihood that some relapse will occur at some point down the line. The questions that may need to be discussed include: How will you know if relapse has happened? What are the factors that might make you vulnerable to relapse? What will you do if you have a relapse? How will you use support at these times? How can you learn from a relapse episode about your change strategy? One of the biggest dangers associated with relapse is that the person will 'catastrophize' the situation, and jump to an extreme conclusion such as 'I'm no good' or 'it's a waste of time, this isn't going to work', and abandon all the good work that they have done up to that stage. The more that the counsellor has been able to introduce the idea that relapse is normal, routine, predictable and surmountable, the less likely it is that the person will jump to a catastrophic interpretation of what has happened. It is always important to keep in mind that a person engaging in behaviour change that they consider to be significant enough to merit the help of a counsellor will in all probability be in a state of high emotional vulnerability when they begin to try out new ways of doing things, and will as a result perceive a relapse as a major setback.

Planned follow-up sessions where possible relapse incidents can be explored can be a valuable source of support for the person if the counsellor is in a position to offer ongoing contact over a period of time.

The aim of the preceding sections of this chapter has been to introduce some of the tasks that are most frequently involved in counselling where behaviour change is a goal. The underlying theme of the section is that of the counsellor building a relationship with the person characterized by a willingness to be close to them in every step of the behaviour change journey, and being curious and questioning about every aspect of the process. The next section of the chapter looks at some well-established behaviour change methods.

Counselling methods for facilitating behaviour change

At the point when a person seeking help is clear that their goal is to change an aspect of their behaviour, and has identified at least some of the component step-by-step tasks that are necessary to move towards that goal, it is helpful to invite the person to think about *how* they believe would be the best way for them to accomplish their objectives. There are four main strategies that have been used by counsellors to facilitate behaviour change: *dissolving the barriers to change, planning and setting targets, activating resources,* and *setting up a project.* These strategies are discussed in the following sections.

Exploring and dissolving barriers to change

One method of bringing about change that has been advocated by many counsellors and psychotherapists is based on the idea that if a person has enough insight

and understanding in relation to whatever it is that is motivating or causing them to act in a dysfunctional manner, they will be free to behave in ways that are more life-enhancing and productive. This approach is associated with long-established forms of counselling and psychotherapy, such as psychodynamic psychotherapy, and person-centred counselling. The key idea is to focus not on the problem behaviour, but on the person who is engaging in that behaviour. For example, someone who abuses alcohol may have a history of emotional neglect and abuse, and may have low self-esteem. From this perspective, binge drinking may be viewed as almost emotionally and interpersonally necessary for the person as a means of assuaging emotional pain, and living up to other people's views that one is 'no good'. In this approach, counselling that concentrates on plans and programmes that aim to encourage 'alternatives to drinking' are missing the point: it is the sense that the person has of who they are that needs to change. There is no doubt that this approach can be effective. However, it can take a long time, and requires the establishment of a strong, ongoing relationship with a counsellor. It therefore may not be a realistic option in many embedded counselling settings where there may be a great deal of pressure on time, and other professional tasks to fulfil. Nevertheless, in these settings, dissolving barriers to change may be an important method in relation to sub-tasks (described earlier in this chapter) such as *making sense of problematic behaviour* and *imagining how things could be different*.

Cognitive-behavioural methods: setting targets and implementing a programme

The behaviour change methodology that is believed by many specialist counsellors and psychotherapists to be maximally effective in facilitating behaviour change, and is backed up by a substantial amount of research, is *cognitive-behavioural therapy* (CBT). Attractive features of this approach for many practitioners and clients are that it is businesslike and down to earth. The key idea in CBT is to analyse the behavioural patterns of the person (the problem behaviour and the new preferred behaviour) in terms of an A–B–C formula: *antecedents, behaviour* and *consequences*. Anything that a person does on a regular basis is regarded as being elicited or triggered by a stimulus or situation (antecedent) and reinforced or rewarded by its consequences. This formula is the basis for a simple, yet effective behaviour change method. The first step is to collect information over a period of time concerning the exact, detailed problem behaviour that is exhibited by the person, the situations in which this behaviour occurs, and the consequences that follow from it. The next step is to devise a plan or programme in which the problem behaviour is gradually eliminated or extinguished, while at the same time the desired behaviour is gradually introduced. The third step is to ensure that the new behaviour is maintained in different situations over a period of time, rather than abandoned when the going gets tough.

The A–B–C formula encourages the person seeking help and their counsellor to devote their attention, initially, to two areas: antecedents and consequences. These are the crucial points of leverage in relation to the problem behaviour. For example:

Trudy was a school support worker who was called in to work with Andy and his family on account of Andy's problem with school attendance. Trudy spent a long time listening to the family, asking them to describe exactly what it was that happened on school days, and showing a lively non-judgemental curiosity in everything that they had to say. At the end of this phase, she brought out a sheet of flip chart paper and some pens, and started to map out what she thought was going on, while inviting the family members to add details or make corrections. She made a list down the centre of the page of all the activities that Andy engaged in on a typical day when he did not go to school – his reason for not wanting to go, the argument with his parents, the parents going to work, Andy having the house to himself, watching TV, and so on. In a different colour, she made a list on the left-hand side of the page of the possible triggers for these events. For example, non-school days were more likely to happen when Andy had not done his homework, or there was a test, and unresolved arguments were more likely if both parents needed to be at work earlier than usual. On the right-hand side of the page, in a third colour, Trudy listed some of the consequences of Andy's behaviour – falling behind with his work and feeling panicky, enjoying daytime TV, being on the receiving end of sarcastic comments from teachers, assembling an impressive collection of music downloads, missing out on lunch and games with his friends, and so on. As she was doing this, all of the members of the family started to make connections, and imagine alternatives. For instance, a parent staying at home for two days would have the time to be able to make sure that Andy did his homework in the evening, and to help him with it, as well as making staying at home seem less attractive for Andy, since he would not be able to watch TV and download music from the PC. It also became apparent how stressful, demanding and challenging some aspects of Andy's school life were, and how important it would be to make sure that he received regular rewards in recognition of his efforts. At the end of one meeting, all of the members of the family came away with new behaviours that they agreed to initiate, which were listed on a page pinned to the kitchen noticeboard. Trudy agreed to meet with them two weeks later to check on their progress.

The CBT literature contains a wealth of ideas for behaviour change techniques, and workbooks that can be used by counsellors and clients in relation to specific behaviour change problems. However, at its heart, CBT is a common-sense approach that relies on the application of some simple, yet powerful, ideas, in a

systematic manner. Like any other method, it works better when there is a good relationship between the person seeking help and the counsellor – notice how respectful and accepting Trudy was in a counselling situation where it would have been all too easy to be drawn into taking sides and condemning Andy's 'laziness' or inadequacy.

Activating resources

A quite different method of working with a behaviour change task is to pay attention to occasions when the problem behaviour does *not* occur, rather than the occasions when it *does*, or episodes when the person has dealt with the problem behaviour successfully, rather than when they have failed to deal with it. The underlying assumption behind this strategy is to activate the person's existing resources and strengths, rather than focusing on their weaknesses. This general approach is associated with solution-focused therapy (O'Connell, 1998) and narrative therapy (Morgan, 2001). The key idea is that there will almost always be times when the person has in fact been able to behave differently (narrative therapists describe such events as 'unique outcomes' or 'glittering moments'), and that the widespread human tendency to become preoccupied with problems (and how awful things are) will have obscured these achievements from view. The job of the counsellor, therefore, is to assist the person to identify the moments of success in relation to the problem behaviour, and then to build on the personal resources that are behind these 'glittering achievements'. This method can be difficult to implement if the person seeking help is so gripped by a sense of the total control exerted by the problem that they just cannot (or will not) allow even the slightest possibility that good moments might occur. On the other hand, it has the potential to be highly energizing and liberating because (a) the solutions that are generated are wholly the product of the person, rather than being suggested or 'set up' by the counsellor, and (b) it wholly ignores the failures and deficits of the person and celebrates their achievements.

Further ideas about how to activate a client's personal strengths and resources can be found in Flückiger *et al.* (2010).

Behaviour change as a project

A lot of the time people struggle to change their behaviour because the things they are trying to alter have become ingrained habits that have over a long period of time become 'second nature' – the person is hardly aware that they are doing the action that they wish to modify or eradicate from their life. One of the ways of organizing the series of tasks that may need to be carried out for behaviour change to occur is to regard the whole enterprise as a 'project'. Viewing the change process as a project can help the person to distance themselves from an undermining sense of failure when their change efforts do not immediately work out for the best. Talking about the work as a project can also help the person and the counsellor to

work together – each of them is making suggestions in relation to a shared endeavour. The image of a project also brings to mind the metaphor of building something new, which may involve dismantling previous structures, making plans, reviewing progress, celebrating achievements, and so on. Using 'project' language can have the effect of externalizing the problem, and providing a channel for the person's creativity and imagination.

Box 12.2: *The role of homework assignments in behaviour change*

Having a really good discussion within a counselling session of how and what to do differently, and how to change problematic behaviour, is of little value if the person then does not implement any changes in their everyday life. One of the useful strategies for bridging the gap between the counselling room and real life is the practice of agreeing on *homework* tasks. Homework tasks in counselling can be suggested by the person or by the counsellor, and can range from quite structured and formal tasks, such as writing a journal or completing worksheets, to more informal or flexible tasks such as 'listening to other people more', 'practising slow and deep breathing as a way of coping with my anxiety' or 'visiting my grandmother's grave'. There has been a substantial amount of research carried out into the process of agreeing homework tasks in counselling (see, for example, Mahrer *et al.*, 1994; Scheel *et al.*, 1999, 2004). Although homework is often considered as a method that is primarily employed by cognitive-behavioural therapists, there is plentiful evidence that counsellors using a wide variety of approaches are all likely to use homework with at least 50 per cent of their cases (Ronan and Kazantzis, 2006). Based on a review of the research evidence, Scheel *et al*. (2004) have developed some useful guidelines for using homework in counselling. These include: the homework assignment to be based on collaboration between counsellor and client; describing the task in detail; providing a rationale for why the task is of benefit to the person; matching the task to the person's ability; writing down the task; asking how confident the person is about fulfilling the task and if necessary modifying the task accordingly; trying out the task during the session; asking about how the person got on with the task at the next meeting; and celebrating or praising the person's achievement of the task. In some counselling situations, it is also possible to use reminders to maximize the chances that the task is carried out. For example, a number of smoking cessation projects phone up patients between sessions to check on their progress. Also, counsellors who use email contact with clients as an adjunct to face-to-face contact can quite easily send a brief email message between meetings.

A narrative perspective on behaviour change

As a counsellor, it is a mistake to become so preoccupied with the task of behaviour change that one forgets or neglects the more fundamental task of giving the person a chance to tell their story and be heard. There are many ways in which behaviour change can be understood as a particular form of storytelling. The founders of narrative therapy, Michael White and David Epston (1990), have always talked about behaviour change in terms of a process of *re-authoring*. For them, the identity or sense of self of a person is constituted by the stories that the person tells about themself, or are told about them by other people. From this point of view, what happens when the person is seeking to change their behaviour is that they are developing a new story to tell about who they are (e.g. the previous story may have been 'I am someone who struggles to pass exams' and the new story might be organized around a narrative of 'I am someone who has learned how to manage the stress of exams'). Once the new story has been created by the person, perhaps through working together with a counsellor, the next step is to try it out on audiences. After all, other people need to know that 'I do well in exams' – if they are still telling the old story of the person as an exam-flunker, this will undermine the person's efforts to do something different.

The implications for counselling of adopting a 're-authoring' perspective are that it becomes important for the counsellor to listen carefully to the stories that a person tells about themself. Are they success stories or are they failure stories? If they are failure stories, what new material can be introduced into the storyline that will allow the person to tell it as a success story? The principal method that narratively oriented counsellors use to assist people to construct success or solution stories is to encourage them to identify their own strengths and resources. For example, the counsellor may ask the person with an exam-taking issue if there were ever occasions when they had done well in an exam, or even had coped with an anxiety-provoking situation. The person's answers to these questions are clues to resources and strengths, which can then become the building blocks for a new story. However, even CBT methods can be understood in narrative terms. The careful analysis of the problem behaviour, agreement around behavioural targets, and plans for how to meet these targets, all are designed to produce a success experience for the person. This success experience is then woven into their story of who they are and what they can do – it is re-authoring by another route.

There is another very significant dimension to the concept of re-authoring. It is a concept that has a political side to it. In a lot of cases, the problems that people have, and the behaviour that they want to change, are the result of stories that *other people* have told about them. Frequently, these other people are authority figures such as parents, teachers, social workers and psychiatrists. The stories may be reinforced by being framed in bureaucratic or medical language, and enshrined in massive case files. For example, someone with a problem around exams may turn out to have based their self-story as a learner around the fact that 'my Dad told me I was stupid – he told the teachers too, and they believed him'. For such a person,

arriving at the point of being able to tell their story in terms of statements such as 'I am intelligent, I am a competent learner' is a matter of personally authoring their own story, rather than having it authored by someone else. The person becomes the *authority* on their own life.

Exercise 12.2: *Reviewing the behaviour change strategies that you use in your work*

What are the types of behaviour change issues that arise in the people with whom you work as a practitioner? What are the methods that you have found to be most and least effective in facilitating change with these individuals? On the basis of what you have read in this chapter, what other methods might be valuable?

Conclusions

It is impossible in a chapter of this length to do justice to the huge topic of facilitating behaviour change. The aim has been to provide an outline of some ideas and methods that may be used in embedded counselling relationships. The key themes that have been emphasized within the chapter are:

- Behaviour change is difficult to achieve, and there are many barriers to achieving this type of goal.
- Effective and lasting change requires a step-by-step approach with the ultimate goal of behaviour change broken down into a number of constituent tasks.
- There is no one 'right' method to facilitate change – people differ a great deal in terms of the change processes that are meaningful to them. A good starting point is usually to inquire about what the person has done to initiate and implement changes in their life in the past.
- It is seldom effective to try merely to eradicate or extinguish unwanted habits – what works better is to replace these behaviours with alternative activities.
- Each of the various change methods that are written about by professional psychologists and psychotherapists can ultimately be reduced to a set of common-sense strategies, which can readily be applied by practitioners whose counselling role is embedded in other work functions.
- The single most important thing that a person as a counsellor can do for anyone who is seeking to change their behaviour is to function as a supporter and ally in their journey – the quality of the relationship is crucial in helping the person to persevere with their change objectives.

The example of bereavement (see Chapter 18) can be used as a framework for understanding the process of behaviour change. In bereavement, as in all forms of behaviour change, there are basically three things that need to be done. First, it is necessary to let go of the past. This may involve making sense of what has happened, and grieving for the person who has gone. The second task is to deal with what is happening now, the chaos of a life that may be missing one of its foundation stones. Third, it is necessary to plan for the future, to build a new repertoire of behaviours and relationships. The example of bereavement is particularly important and evocative for a number of reasons. It evokes the image of people grieving differently – there are huge individual and cultural differences in the way that people respond to death. It evokes an appreciation of the cultural, social, family and interpersonal networks of meaning, relationship, belief and ritual that help people to make the necessary changes to their lives following a bereavement. Coping with loss is always done together as well as done alone. The meaning of bereavement, and the potential avenues for dealing with it, depend on the personal niche within which an individual lives their life. All of these aspects are true of any kind of behaviour change.

Suggested further reading

Egan, G. (2004) *The Skilled Helper: A Problem Management and Opportunity Development Approach to Helping*. Belmont, CA: Wadsworth.

Grant, A., Mills, J., Mulhern, R. and Short, N. (2004) *Cognitive Behavioural Therapy in Mental Health Care*. London: Sage Publications.

Morgan, A. (2001) *What is Narrative Therapy? An Easy-to-read Introduction*. Adelaide: Dulwich Centre.

Westbrook, D., Kennerley, H. and Kirk, J. (2007) *An Introduction to Cognitive Behaviour Therapy: Skills and Applications*. London: Sage Publications.